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Application Number	09/491,727~
Filing Date	January 27, 2000
First Named Inventor	David M. Austin
Title	Detection of Observer
Art Unit	2131
Examiner Name	Syed Zia
Attorney Docket Number	AUZ-001 P

I hereby revoke all previous powers of attorney given in the above-identified application.							
A Power of Attorney is submitted herewith.							
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Applicant/Inventor. OR							
Assignee of record of the entire interest. See 37 CFR 3.71.							
Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on							
SIGNATURE of Applicant or Assignee of Record Signature District May 11, 2000							
Signature Name	David M. Austin		Date Telephone	May 11, 2009 801-537-1700			
Title and Company	David IVI. Adollii		Treichilone	10010011100			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one							
signature is required, see below*.							
★Total of 2 forms are submitted.							

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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	tor. ord of the entire interest. See 37 CFR 3.71. er 37 CFR 3.73(b) (Form PTO/SB/96) submitted I	nerewith or filed on	<u></u>				
	SIGNATURE of Applican	t or Assignee of	Record				
Signature	Wester 1 fall	_	Date	May 11, 2009			
Name	Wesley L. Austin		Telephone	801-537-1700			
Title and Company							
NOTE: Signatures of all the signature is required, see	ne inventors or assignees of record of the entire interes below*.	t or their representati	ve(s) are required.	. Submit multiple forms if more than one			
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